

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**

Health Regulation  
& Licensing Administration



***SENT VIA FACSIMILE and US Mail***

April 23, 2008

David Carrington  
Director  
Innovative Life Solutions  
6475 New Hampshire Ave.  
Hyattsville, Maryland 20783

***RE: 7425 8<sup>th</sup> Street, NW***


Dear Mr. Carrington:

A follow-up survey was conducted at the above facility on March 27, 2008 to determine if your facility abated deficiencies cited during the January 30, 2008. The findings of the survey reflect new and continued deficient practices. This determination requires that you submit a Plan of Correction (PoC). The PoC for the deficiencies cited must be documented on the enclosed "Statement of Deficiencies and Plan of Correction" form (HCFA-2567) and submitted to our office prior to **May 5, 2008**. An acceptable PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented?

If you have any questions regarding this matter, please contact Sharon H. Mebane, Health Services Program Coordinator, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Mebane for".

Patricia W. VanBuren  
Program Manager

Enclosures

cc: Department on Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>INNOVATIVE LIFE SOLUTIONS, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7425 8TH STREET NW WASHINGTON, DC 20012</b>		
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A follow up licensure survey, since clients have been admitted into this facility, was conducted from March 26, 2008 through March 27, 2008. A random sample of three clients was selected from a client population of six male clients with varying degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home and interview with the residential staff, and a review of the habilitation and administrative records to include the review of the facility incident management system.</p>	I 000		
I 047	<p><b>3502.5 MEAL SERVICE / DINING AREAS</b></p> <p>Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure that meals served in the GHMRP suited the residents dietary needs for one of the three residents in the sample. (Residents #1)</p> <p>The finding includes:</p> <p>Observation March 26, 2008 of the snack at approximately 4:40 PM, the direct care staff gave Resident #1 sliced banana and four whole vanilla wafers. Several minutes later a direct care staff was observed with a butter knife attempting to cut the vanilla wafer into smaller pieces.</p>	I 047		

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5899

G6OC11

If continuation sheet 1 of 14

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I 047	Continued From page 1  Observation of the medication pass on March 26, 2008 at approximately 5:20 PM, revealed the medication nurse attempted to give Resident #1 his pill medication in a cup and the client was having difficulty getting the pills from the medication cup.  Observation on March 27, 2008 at approximately 5:54 PM Resident #1 was served bite size texture for his meal which consisted of pork chops, scallop potatoes and broccoli.  Interview with the nurse and the QMRP revealed that the resident was edentulous and was required to received his food in a chopped texture, and to receive his medication crushed.  Review of the Individual Support Plan (ISP) and the review of the physician's order dated March 2008 indicated Resident #1's was prescribed a regular chopped texture diet. Additionally, the physician order indicated to "crush his medication during administration and give in applesauce".	I 047			
I 078	3503.6 BEDROOMS AND BATHROOMS  Closet space within the bedroom may be considered in calculating square foot minimums for bedrooms but shall be clearly divided for each resident.  This Statute is not met as evidenced by: Based on observation and interview the GHMRP failed to ensure closet space was clearly defined for each resident.  The finding includes:  During the environmental walk-through on March	I 078			

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I 078	Continued From page 2  27, 2008 at 10:30 PM revealed that Residents Client #4 and #6 clothing were stored in the same closet. Further observation revealed that clothing on hangers were not labeled and did not evidence a clear division of each client's personal clothing.  Interview with the Residential Director and the Qualified Mental Retardation Professional revealed that a personal clothing inventory was completed for each resident when admitted into the facility. Residents #1, #3, and #4's personal clothing inventory was not available at the time of survey.	I 078			
I 090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.  This Statute is not met as evidenced by: Based on observations, the GHMRP failed to maintain a safe, clean, orderly, attractive facility free from dirt and rubbish.  The findings include:  During the home inspection conducted on March 27, 2008 at approximately 2:45 PM the following environmental deficiencies were observed:  Internal  1. Resident #1 and Resident #2's bedroom closet door was missing the left door.	I 090			

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I 090	Continued From page 3  2. The dishwasher handle was loose and could not be closed securely.  3. The light fixture at the bottom of the basement stairs was not working.  4. The light fixtures outside of the basement bathroom were not working.  5. The basement storage area near the back door sliding door was broken, off track.  External  The metal landing from the kitchen egress was loose and observed to move when stepping on.	I 090			
I 096	3504.7 HOUSEKEEPING  No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area.  This Statute is not met as evidenced by: Observation and interview revealed that the GHMRP failed to ensure that caustic agents were not stored in the food preparation and serviced area  The finding includes:  During the environmental walk-through on March 27, 2008 at approximately 2:55 PM caustic agent were observed being stored in a food preparation area in a cabinet underneath the sink unlocked.	I 096			
I 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and	I 206			

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I 206	Continued From page 4  annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties.  The findings include:  Interview with the Program Coordinator and review of the GHMRP's personnel files on March 27, 2008 at 2:00 PM revealed the GHMRP failed to provide evidence that current health certificates were on file two (2) consultants ( Physical Therapist and Podiatrist).	I 206			
I 225	3510.5(b) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (b) Human development through the life cycle (birth to death);  This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training.	I 225			

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I 225	Continued From page 5  The finding includes:  On March 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service training records failed to reflect that the GHMRP failed to provide training in the area of Human Development.	I 225			
I 229	3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;  This Statute is not met as evidenced by: Based on interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need.  The findings include:  Interview and the review of the in service training records on March 27, 2008, the GHMRP failed to provide training on nutrition and communication.	I 229			
I 232	3510.5(i) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (i) Training of the residents in the maintenance of oral health and hygiene.	I 232			



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I 232	Continued From page 6  This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mental Retardation (GHMRP) failed to ensure that staff received training.  The finding includes:  On March 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service records failed to provide oral health and hygiene training to the direct care staff.	I 232			
I 332	3517.10 ADMISSION POLICIES PROCEDURES  At admission or commitment, each GHMRP shall secure for each resident an Individual Habilitation Plan, which is developed in accordance with D.C. Code § 6-1943 (1989 Repl. Vol.).  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have a current Individual Support Plan on file for review for one of the six residents residing in the facility at the time of the survey.  The finding includes:  Interview with the Qualified Mental Retardation Professional (QMRP) and the Nursing Coordinator on March 27, 2008 at approximately 2:30 PM, revealed that Resident #6 did not have a current Individual Support Plan (ISP) for implementation. Further interview revealed that the plan was scheduled to be being developed within the next few week by a consultant provider with the Developmental Disability Services.	I 332			

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I 332	Continued From page 7  Record verification revealed that Resident #6 was admitted into the facility in February 2008 approximately two months ago.	I 332			
I 335	3517.13 ADMISSION POLICIES PROCEDURES  Each Individual Habilitation Plan shall be used by all staff that plan, provide, or evaluate services for the resident.  This Statute is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that a Individual Habilitation plan was developed to include appropriate mobility for one of the resident's residing in this facility. (Resident #6)  The finding includes:  Observation on March 26 and March 27, 2008 revealed Resident #6 was being assisted by the direct care staff when navigating throughout the group home. Further observation revealed he uses a cane for mobility as well. Interview with the direct care staff revealed that Resident #6 was blind and was in need of assistance for mobility since the facilities layout is unfamiliar.  Interview with the Qualified Mental Retardation Professional (QMRP) revealed that the agency provided hand rails throughout the main level of the facility to assist Resident #6 with his mobility. According to the QMRP, no formal blind mobility assessment has been completed to to assess his functional mobility needs for support recommendations. Reportedly, Resident #6 enjoyed being able to continue his independent	I 335			

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I 335	Continued From page 8  skills as much as possible. It should be further noted that Resident #6 was transfer to this facility in February 2008.	I 335			
I 399	3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS  Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:  (i) Speech and language therapy; and...  This Statute is not met as evidenced by: Based on interview and record review of the consulting professional records the GHMRP failed to have current Speech Language license on file in the facility.  The finding includes:  Interview with the Residence Director and review of the personnel files on March 27, 2008 at 1:50 PM failed to evidence that the Speech Language Therapist has a current license on file.	I 399			
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS  Professional services shall include both diagnosis and evaluation, including identification of	I 401			

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I 401	<p>Continued From page 9</p> <p>developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility.</p> <p>The finding includes:</p> <p>On March 27, 2008 at approximately 4:00 PM, interivew with the QMRP revealed that an Speech Language Assessment had been completed on Resident #1 as a part of the comprehensive functional assessment. Review of the reported dated February 6, 2008 included the following recommendations:</p> <ol style="list-style-type: none"> <li>1. The client to recieve a modified barium swallow to rule out liquid dysphgia;</li> <li>2. The client to recieve consistent food texture, manage small bites size foods, chopped texture encourages rapidity. Avoid providing whole breads/buns;</li> <li>3. The client may benefit from a plate riser as he leans his face down into his plate to scoop rapidly;</li> <li>4. The client to receive an assessment on the type of plate - high low or plate guard to be used during meals;</li> <li>5. The client would benefit from a feeding protocol for his to enjoy in safe manangement of</li> </ol>	I 401			

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I 401	Continued From page 10  liquid and solid;  6. Determine if the client will benefit from a current hearing and vision examination;  7. Limited in what he is able to express and what he is to comprehend;  8. Expand his pointing behavior and attending to particular task;  9. Capitalize on his recognition of clothing; and  10. The client could benefit from having a buddy and engaging in simple arts and crafts.  The GHMRP had not implemented any of these recommendations at the time of the survey.	I 401			
I 420	3521.1 HABILITATION AND TRAINING  Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning.  The findings include:  1. The GHMRP failed to ensure that Resident #6	I 420			

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I 420	Continued From page 11  has a blind mobility assessment as a part of his comprehensive functional assessment. [See Citation 3517.13]  2. Observation of the medication pass on March 26, 2008 at approximately 5:20 PM, revealed that Resident #1, #2 and #3 have self-medication goals in which they are encourage to participate in during the administration of their medication regimen. Interview with the QMRP however, revealed that a self-medication assessment was included as a part of the comprehensive functional assessment. Additionally, the self-medication objectives was not discussed and approved by the physician and the interdisciplinary team during the admissions process.  3. The GHMRP failed to ensure that Resident #1 had a nutritional assessment as a part of his comprehensive functional assessment. [See Citation 3520.3]	I 420			
I 458	3521.11 HABILITATION AND TRAINING  Each resident ' s activity schedule shall be available to direct care staff and be carried out daily.  This Statute is not met as evidenced by: Based on interview and record review the CGMP failed to have current activity schedules on file on for two of the three residents residing in the facility . (Resident #1 and Resident #6) .  The finding includes:  The facility failed to have a current activity schedule on file as evidenced below:	I 458			

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I 458	Continued From page 12  1. Interview with the direct care staff and review of Resident #1's Individual Program Plan (IPP) on March 27, 2008 did not revealed a current daily activity schedule detailing his IPP.  2. Interview with the direct care staff and review of Resident #6's Individual Program Plan (IPP) on March 27, 2008 did not revealed a current daily activity schedule detailing his IPP.	I 458			
I 472	<b>3522.3 MEDICATIONS</b>  The physician who identifies the self-administration of medications as a goal for a resident shall develop and monitor the plan for implementation.  This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure that a self-medication objective was developed and implemented for three of the three resident's in the sample.  The finding includes:  Observation of the medication pass on March 26, 2008 at approximately 5:40 PM revealed that through-out the pass the nurse identified Resident #1, #2 and #3 participation in the administration as self-medication objectives. Interview with the QMRp and the nursing coordinator on March 26, 2008 at 11:00 Am revealed that the the physician had not been made aware of these self-medication objective.  Review of the Health Management Care Plan, the current physician orders and the habilitation records failed to provide evidence that a self-medication assessment had been completed. At the time of the survey it was unclear as to how	I 472			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/27/2008</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
I 472	Continued From page 13  these self-medication objective being implemented were appropriate for each resident functioning level.	I 472			